Name in Full: Margaret Adams

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Frederick — County: Frederick

Date of death 1904 — Month: 8 — Day: 22 — Age: Years 51 — Months 6 — Days 9

Sex: Female — Color or Race: White — Birthplace: Frederick

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Widow — Name of Wife or Husband: Henry Adams

Father's Name: Fickbaugh — Father's Birthplace:

Mother's Maiden Name: Kuntz — Mother's Birthplace:

Name of person giving Information: Mrs Scott F Stone — How related to deceased: daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Veins of Heart Enlarged. — How long: 12 Mos or more

Immediate: Dropsy — How long: 3 Mos.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. S. Haymond

Address: 17 Record St W Frederick Md.

Accident or Suicide?

LIBRARY BUREAU A66616

C. C. Canty —
Mo County —
Aug 24 —

Name in Full: William A Allstot

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Emmitsburg — County: Frederick

Date of death: Month 8 — Day 14 — 1904

Age: Years 78 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Emmitsburg Md

Occupation: Blacksmith — Where Residing if not at place of death: Emmitsburg

Married, Single or Widowed: Widowed — Name of Wife or Husband:

Father's Name: Wm Allstot — Father's Birthplace:

Mother's Maiden Name: Elizabeth Diffendahl — Mother's Birthplace:

Name of person giving information: Clark Thoffer — How related to deceased: Inow

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Decay — How long: 1/4 years

Immediate: Natural Causes old age — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John B Bowersox M.D.

Address: Emmitsburg Md

Accident or Suicide?

LIBRARY BUREAU A88910

Name in Full: Marshall C. Baker

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Kemptown — County: Frederick

Date of death 1904: Month: Aug — Day: 10 — Age: Years: — Months: 5 — Days: 18

Sex: Male — Color or Race: White — Birthplace: Md

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

Father's Name: Edward L. Baker — Father's Birthplace: Md

Mother's Maiden Name: Eugene Turelum — Mother's Birthplace: Md

Name of person giving Information: Edward L. Baker — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro Enteric Inspection — How long: 2 days

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: R Claude Ford M.D.

Address: Kemptown Md.

Accident or Suicide? —

LIBRARY BUREAU A69516

Name in Full: Alfred Baton

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frederick — County: Frederick

Date of death 1904 — Month: Aug — Day: 23

Age — Years: 36 — Months: 1 — Days: 9

Sex: Male — Color or Race: Colored — Birthplace: Frederick

Married, Single or Widowed: single — Occupation: —

Name of Wife or Husband:

Father's Name: Chas F. Baton — Father's Birthplace: Frederick

Mother's Maiden Name: Eliza Watson — Mother's Birthplace: "

Name of person giving information: Chas F. Baton — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis — How long: Several Mos.

Immediate: Cardiac Asthenia — How long: Several days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Ulysses G. Dorsey

Address: Frederick Md,

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Franklin Oliver Beachley

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Middletown County: Frederick

Date of death 1904 Month: Aug Day: 28.

Age Years: — Months: 9 Days: 5

Sex: Male

Color or Race: White

Birthplace: Maryland

Married, Single or Widowed: —

Occupation: —

Name of Wife or Husband: —

Father's Name: M. H. O. Beachley

Father's Birthplace: Maryland

Mother's Maiden Name: Helen F. Schildknecht

Mother's Birthplace: Maryland

Name of person giving Information: Henry C. Fiete

How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Broncho-Pneumonia

How long: 36 hours

Immediate: Heart failure —

How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. C. Lamar M. D.

Address: Middletown Maryland

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full: Teresa Beaner

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Frederick — County: Frederick

Date of death 1904 — Month: Aug. — Day: 5th — Age: Years 15, Months, Days

Sex: Female — Color or Race: Colored — Birthplace: Frederick

Married, Single or Widowed: Single — Occupation: —

Name of Wife or Husband: —

Father's Name: Frank Beaner — Father's Birthplace: Md.

Mother's Maiden Name: Elezbett Stanley — Mother's Birthplace: Md.

Name of person giving In formation: Caroline Stanley — How related to deceased: Grandmother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 6 mos or more

Immediete: Cardiac asthenia — How long: —

Are the name, age, sex, color. date end place correctly given above? Yes

Signature of Physician: Dr U G Bowers

Address: Frederick, Md

Accident or Sulcide?

LIBRARY BUREAU A68616

Name In Full 18 Louis Bell

Certificate of Death

Died at Town Mt. Airy. County Frederick MARYLAND

Date 19 4 Month Aug Day 03 | Age Y. 70 M. D. | Native of | Occupation Laborer

Male / ~~Female~~ | ~~White~~ Colored | ~~Married~~ / ~~Single~~ | ~~Widow~~ Widower | Divorced | Number of children living

Husband / Wife of Anna Bell

Father's Name | Mother's Maiden Name

Cause of Death — Primary: Valvular Heart Disease 2 weeks — How long sick

Immediate — Accident, Suicide, Homicide

Reported by F. G. Brooks MD

Address Manchester Carroll Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Infant of Geo Benz

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frederick — County: Frederick

Date of death 1904 — Month: Aug — Day: 3 — Age — Years: — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Frederick Md

Occupation: X — Where Residing if not at place of death: X

Married, Single or Widowed: X — Name of Wife or Husband: X

Father's Name: George N. N. Benz — Father's Birthplace: Md

Mother's Maiden Name: Sallie Lowe — Mother's Birthplace: Md

Name of person giving Information: George N. N. Benz — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long: X

Immediate: Still birth — How long: X

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. A. Long.

Address: City

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Dr. William E. Bortelen

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Middletown — County: Frederick

Date of death 1904: Month: Aug — Day: 14 — Age: Years: 81 — Months: 8 — Days: 13

Sex: Male — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: Widowed — Occupation: Physician

Name of Wife or Husband: Sydney Hughs

Father's Name: Hezikiah Bortelen — Father's Birthplace: Md

Mother's Maiden Name: Aleatha Claggett — Mother's Birthplace: Md

Name of person giving Information: Henry Feller — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Genral Debility — How long: About 10 Years

Immediate: Paralysis of Heart — How long: Instant

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. A. Lamer, M.D.

Address: Middletown, Md.

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: William Bagent

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Broadneck — County: Anne Arundel

Date of death 1904 — Month: 8 — Day: 8 — Age — Years: 73 — Months: — — Days: 1

Sex: Male — Color or Race: White — Birthplace: Va

Occupation — Where Residing if not at place of death: Same

Married, Single or Widowed: Widowed — Name or Wife or Husband: Elizabeth Mobberly

Father's Name: Wm. Bagent — Father's Birthplace: Va

Mother's Maiden Name: Elizabeth Betsy — Mother's Birthplace: Va

Name of person giving In formation: Mrs Sam'l Jones — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Decay — How long

Immediate: acute Nephritis — How long 4 weeks

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Frank Hedgsteth

Address

Accident or Suicide?

LIBRARY BUREAU A66316

Name in Full: Catherine Barbara Castle

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Libertytown, County: Frederick

Date of death 1904: Month: October, Day: 30, Age: Years: 83, Months: 11, Days: 6

Sex: Female | Color or Race: White | Birthplace: Frederick Co.

Married, Single or Widowed: Widow | Occupation:

Name of Wife or Husband: George L. Castle

Father's Name: | Father's Birthplace:

Mother's Maiden Name: | Mother's Birthplace:

Name of person giving information: M. R. Elchison | How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Hemorrhage (refused autopsy) | How long: 1 hour

Immediate: Paralysis (almost complete) | How long: 18 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. W. R. Crum M.D.

Address: Johnsville, Maryland.

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: William Ignatus Counter

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Bartonsville — County: Frederick

Date of death 1904 — Month: Sept — Day: 14 — Age — Years: — Months: 5 — Days: 9

Sex: Male — Color or Race: Colored — Birthplace: Bartonsville

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: —

Father's Name: — — Father's Birthplace:

Mother's Maiden Name: Laura Counter — Mother's Birthplace:

Name of person giving Information: Laura Counter — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Congenital Hydrocephalus — How long: Several Mos

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr. H. G. Bourne.

Address: Frederick, Md.

Accident or Suicide?

LIBRARY BUREAU A38516

Bartonville

C. C. Cady-

Aug 15th

Name in Full: Cramer Anna Mary Mrs

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Waldersville; County: Frederick

Date of death 1904: Month: Aug; Day: 5

Age: Years: 56; Months: 8; Days: —

Sex: Female; Color or Race: White; Birthplace: Waldersville

Married, Single or Widowed: Married; Occupation: Wife

Name of Wife or Husband: Geo Henry Cramer

Father's Name: Andrew Gruman; Father's Birthplace: County

Mother's Maiden Name: Louisa Barnes; Mother's Birthplace: County

Name of person giving In formation: Geo Henry Cramer; How related to deceased: Husband

40

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma of Liver; How long: (?)

Immediate: Asthenia; How long: 4 mos

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. P. Fahrney M.D.

Address: Frederick Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Martha Margaret Domer

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: near Catoctin Furnace; County: Frederick

Date of death 1904: Month: 8; Day: 6

Age: Years: ; Months: ; Days: 17

Sex: female

Color or Race: white

Birthplace: md

~~Married, Single~~ or Widowed:

Occupation:

~~Name of Wife~~ or Husband:

Father's Name: Samuel Domer

Father's Birthplace: md

Mother's Maiden Name: Irene Weddle

Mother's Birthplace: "

Name of person giving Information: Sam Domer

How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary:

How long:

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: E E Black M.D.

Address: Thurmont Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Thomas Henry Evans

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Knoxville County: Frederick

Date of death 1907: Month: Aug Day: 2 Age: Years: 38 Months: Days:

Sex: Male Color or Race: Black Birthplace: Md

Occupation:

~~Married~~ Single ~~Widowed~~

Name of Wife or Husband:

Father's Name: Simon Evans Father's Birthplace: Md

Mother's Maiden Name: Mary Denex Mother's Birthplace: "

Name of person giving Information: Mary Evans How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Consumption How long: 2 years

Immediate: How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of ~~Physician~~ Undertakers C. H. Buckey Bro

Address: Brunswick Md

Accident or Suicide?

LIBRARY BUREAU A8981S

No. Dr. in attendance

The Brunswick Furniture Company,
SUCCESSORS TO

The Brunswick Furniture Company,
SUCCESSORS TO

The Brunswick Furniture Company,
SUCCESSORS TO

The Brunswick Furniture Company,
SUCCESSORS TO

Name in Full: Harriet Fogle

CERTIFICATE OF DEATH

MARYLAND

Town: Woodsboro | County: Frederick

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month: Aug.	Day: 6	Age: Years: 72	Months: 11	Days: 26
Sex: Female	Color or Race: White		Birthplace: Near Woodsboro Md.		
Married, ~~Single or Widowed~~	Married		Occupation: Housewife		
Name of ~~Wife or~~ Husband	Joshua Fogle				
Father's Name	Georgs Lock		Father's Birthplace: Don't Know		
Mother's Maiden Name	Mary Fogle		Mother's Birthplace: Don't Know		
Name of person giving information	Joshua Fogle		How related to deceased: Husband		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart disease (mitral insufficiency) Causing Dropsy — How long: About one Year

Immediate: Paralysis — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

To best of my knowledge

Signature of Physician: C. A. Stultz

Address: Woodsboro Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A88016

Name in Full: Selina W Frazier

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frederick — County: Frederick

Date of death 1904 — Month: 8 — Day: 7 — Age — Years: 77 — Months: 8 — Days: 1

Sex: Female — Color or Race: White — Birthplace: Frederick

Occupation: Retired — Where Residing if not at place of death:

Married, Single or Widowed: Widow — Name of Wife or Husband: Luther Frazier

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Thomas Marman — Father's Birthplace: England

Mother's Maiden Name: Sarah Worlock — Mother's Birthplace: England

Name of person giving In formation: W H Durall — How related to deceased: Son in Law

CAUSES OF DEATH

Primary: Old age — How long: X

Immediate: Exhaustion — How long: X

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. S. Maynard

Address: 17 Record St Frederick Md.

Accident or Suicide?

LIBRARY BUREAU A38618

M Abernethy
aug 9
6. 6. Early

Name in Full George Samuel Gillelan

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Emmitsburg — County: Frederick

Date of death 1904 — Month: August — Day: 12th — Years: Age 23 — Months: 11 — Days: 12

Sex: Male — Color or Race: White — Birthplace: Near Emmitsburg Md

Occupation: Clerk — Where Residing if not at place of death: Pittsburg Pa.

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: George S Gillelan — Father's Birthplace: Near Emmitsburg Md

Mother's Maiden Name: Ida S. Ohler — Mother's Birthplace: Near Emmitsburg Md

Name of person giving Imformation: Joshua J Gillelan — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Severe Cold — How long:

Immediate: Consumption — How long: 1 year

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W Riebelberger

Address: Emmitsburg Md

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Mahala Gleason

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Liberty — County: Frederick

Date of death: 1904 — Month: Aug — Day: 25

Age — Years: 62. — Months: 10 — Days: 7

Sex: Female — Color or Race: White — Birthplace: Franklin Co. Pa

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: Widow — Name of Wife or Husband: Samuel Gleason

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jacob Shank. — Father's Birthplace: Franklin Co. Pa

Mother's Maiden Name: Marg. E. Hockensmith — Mother's Birthplace: Frd Co Md

Name of person giving Information: Effie Gleason — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Nephritis — How long: 2 years

Immediate: Uremic Poison — How long: 10 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Thomas Linn.

Address: Liberty town. Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A3591

Name in Full Charles A. Davis

Certificate of Death

Pikesville

Town

Died at Baker farm County Mid. Frederick MARYLAND

Month Day Y. M. D. Native of Occupation

Date 1904 August 1 Age 9 dy 9

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ Number ~~of~~ children living

Husband of William C. Davis

~~Wife~~

Father's Name Edward Davis

Mother's Name

Cause of Death { Primary

Immediate

How long sick 1 hour

~~Accident~~, Suicide, ~~Homicide~~

179

Reported by

Address Edward Baldwin

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 8596B

Name in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Near Doubs Town Frederick County

Date of death 1904 Month 8 Day 12

Age Years 2 Months Days

Sex Male Color or Race White Birthplace Near Doubs

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name William S. Heffner Father's Birthplace Near Doubs

Mother's Maiden Name Maggie Hoffman Mother's Birthplace Near Doubs

Name of person giving information Clayton Heffner How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Premature Birth 15

How long

Immediate Marasmus

How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician C. H. Conley.

Address Adamstown Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Wilbur Heffner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Dawbs — County: Frederick

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month	Day	Age: Years	Months	Days
1904	5	20		2	4

Sex: Male — Color or Race: White — Birthplace: Near Dawbs

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name: William Heffner — Father's Birthplace: Frederick Co

Mother's Maiden Name: Maggie Hoffman — Mother's Birthplace: Frederick Co

Name of person giving Information: John R. Bowlhouse — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature Birth — How long

Immediate: Marasmus — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. H. Lawling

Address: Adamstown Md.

Accident or Suicide?

LIBRARY BUREAU A66316

Name in Full: Fannie Nicholson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Ardmore; County: Prince

Date of death: Month: Aug; Day: 2; 1904

Age: Years: 56; Months: 3; Days: 3

Sex: Female; Color or Race: White; Birthplace: Ardmore Md

Occupation: Housewife; Where Residing if not at place of death: X

Married, Single or Widowed: Married; Name of Wife or Husband: Philip L. Nicholson

Father's Name: John Wilcoxon; Father's Birthplace: Ardmore Md

Mother's Maiden Name: Rebecca Jr Sjams; Mother's Birthplace: Ardmore Md

Name of person giving information: Wm H. B. Nicholson; How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Rheumatism; How long: eight days

Immediate: Neuralgia of Heart; How long: Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R B Johnson

Address: Baltimore Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Phillip S. Kalbrenner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frederick — County:

Date of death 190[illegible] Month: Aug Day: 11 Age: Years 15 Months: — Days:

Sex: Male Color or Race: Colored Birthplace: Md.

Occupation: X Where Residing if not at place of death:

Married, Single or Widowed: S. Name of Wife or Husband: —

Father's Name: Sheridan Kalbrenner Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving Information: How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gun shot wound — How long: 7 Hours

Immediate: Shock Cerebral Hem. — How long: 2 Hours

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Dr. J. M. Cundy

Address:

Accident or Suicide? Accident

LIBRARY BUREAU A69816

Name in Full: John D. Drone

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Mt. St. Marys P.O. County: Frederick

Date of death: Month: Aug. Day: 30 Year: 1904

Age: Years: 66 Months: 7 Days: 24

Sex: Male Color or Race: White Birthplace: Md. Frederick.

Occupation: Laborer Where Residing if not at place of death: —

Married, Single or Widowed: Widower Name of Wife or Husband: Catherine Biggs.

Father's Name: Michael Drone Father's Birthplace: Penn

Mother's Maiden Name: Elizabeth Bolden Mother's Birthplace: Frederick Co, Md.

Name of person giving information: Mrs. John Peddicord How related to deceased: Cousin

79

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Organic Heart Disease & Bright's Disease How long: About 1 year.

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. G. Refauver

Address: Thurmont, Md.

Accident or ~~Suicide~~? —

LIBRARY BUREAU A66618

Name in Full: Millard Fulton Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Buckeystown — (County): Frd

Date of death: Month: Aug — Day: 1" — 1904

Age: Years — Months: 6 — Days: 7

Sex: Male — Color or Race: Colrd — Birthplace: Md

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name: John Johnson — Father's Birthplace: Md

Mother's Maiden Name: Florence Jackson — Mother's Birthplace: Md

Name of person giving Information: Florence Johnson — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Enteritis — How long: 2 wks

Immediate: Convulsions — How long: 12 hrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: T. Clyde Poulson

Address: Buckeystown

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88816

Name in Full: Abram. Jones

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Garfield; County: Frederick

Date of death: Month: Aug; Day: 4th; 1904

Age: Years: 73.; Months: 6; Days: 9

Sex: Male

Color or Race: White

Birthplace: Garfield.

Occupation: Farmer

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Susan Bowman.

Father's Name: Wm Jones

Father's Birthplace: Fred Co Md.

Mother's Maiden Name: Mary Carshan.

Mother's Birthplace: Fred Co. Md

Name of person giving Information: Sheridan Jones.

How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Disease (Dropsy)

How long: 5 years.

Immediate: Hemiplegia

How long: 1 day.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. C. Kefauver M.D.

Address: Thurmont. Md.

Accident or Suicide:

LIBRARY BUREAU A88016

Name in Full: Male Still Born Infant of Richard Keyser

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frederick; County: Fredk

Date of death: Month: 8; Day: 14; Year: 1904; Age: Years — Months — Days —

Sex: Male; Color or Race: White; Birthplace: Cnty

Occupation: —; Where Residing if not at place of death: Same

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: Richard Keyser; Father's Birthplace: —

Mother's Maiden Name: Mary Salter; Mother's Birthplace: Cnty

Name of person giving Information: S.; How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: —; How long: —

Immediate: Still Born; How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Frank Hedges M.D.

Address: Frederick Md

Accident or Suicide: —

LIBRARY BUREAU A88516

Name in Full: Ann Catharine Rogle

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Near Middletown | County: Frederick

Date of death 1904: Month: August | Day: 8 | Age: Years 77 | Months 6 | Days

Sex: Female | Color or Race: White | Birthplace: Frdk Co

Occupation: House Wife | Where Residing if not at place of death:

Married, Single or Widowed: Married | Name of Wife or Husband: David Rogle

Father's Name: Peter Lighter | Father's Birthplace: Frdk Co

Mother's Maiden Name: Elizabeth Burkhart | Mother's Birthplace: Frdk Co

Name of person giving Information: David Rogle | How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular Disease of Heart | How long: Several Years

Immediate: Sudden Death | How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. E. Beatty

Address: Middletown Md

~~Accident or Suicide?~~

LIBRARY BUREAU Aboste

Name in Full: John Krumrine

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Monterey Hospital County: Frederick

Date of death: 1904 Month: Aug Day: 25 Age: Years: 29 Months: Days:

Sex: Male Color or Race: White Birthplace:

Occupation: X Where Residing if not at place of death: X

Married, Single or Widowed: Name of Wife or Husband:

Father's Name: X Father's Birthplace:

Mother's Maiden Name: X Mother's Birthplace: X

Name of person giving Information: How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senility How long:

Immediate: & Exhaustion How long:

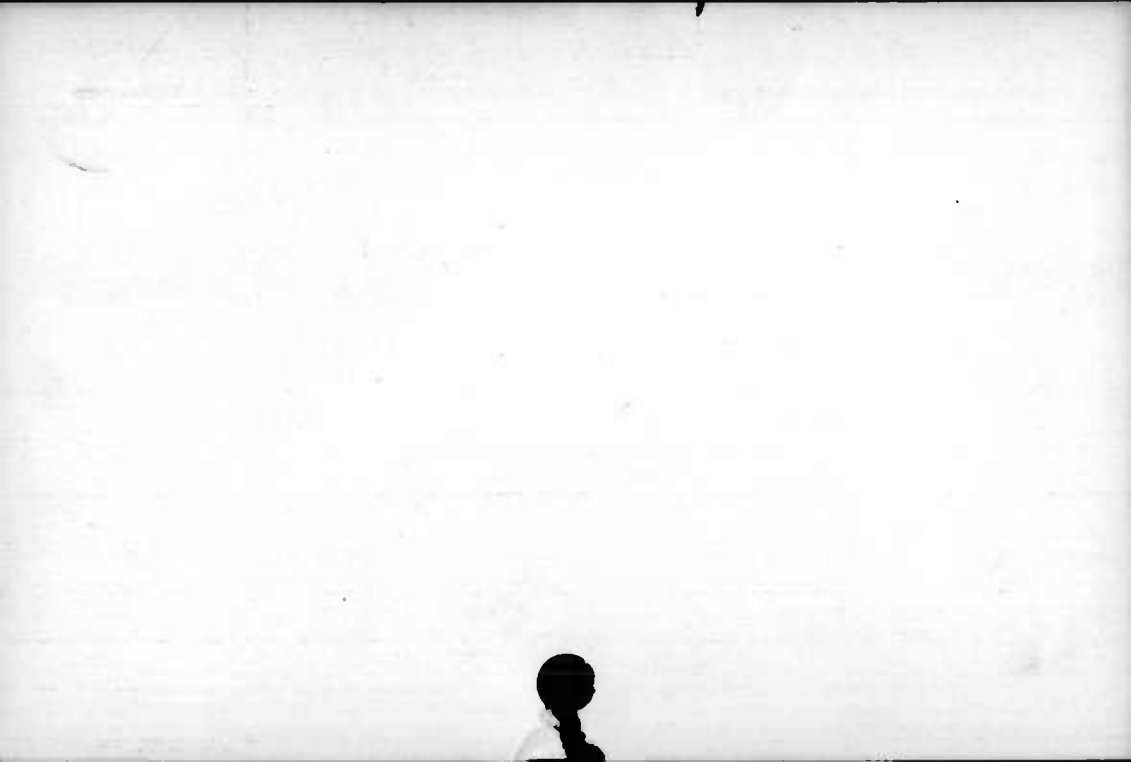
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R. S. Tyson M.D

Address: Frederick Md

Accident or Suicide?

LIBRARY BUREAU A66618



Name in Full Mrs J R Tillard

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Indian — County: Indian

Date of death 1904 — Month: May — Day: 29 — Age — Years: 53 — Months — Days

Sex: Female — Color or Race: White — Birthplace

Occupation: Farmer — Where Residing if not at place of death: Barnesville Md

Married, Single or Widowed: Married — Name of Wife or Husband: Mrs J R Tillard

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Strangulated Femoral Hernia — How long: 10 or 12 days

Immediate: Shock — How long: Some hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D. R. Johnson

Address: Indian

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Infant of John Lipscomb

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Brunswick — County: Frederick

Date of death 1904 — Month: Aug — Day: 30

Age — Years: — Months: 3 — Days: 10

Sex: Female — Color or ~~Race~~: Colored — Birthplace: Brunswick

Married, Single or Widowed: — Occupation:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John J Lipscomb — Father's Birthplace: Va

Mother's Maiden Name: Laura Nichols — Mother's Birthplace: Va

Name of person giving Information: John J Lipscomb — How related to deceased: Father

CAUSES OF DEATH

Primary: — How long:

Immediate: Thrush — How long: 3 months

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C H Teel Phys Undertaker

Address: Brunswick Md

~~Accident or Suicide~~? No Doctor attended

LIBRARY BUREAU A88810

Name in Full: Llewellyn Miller McLain

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sabillasville — County: Frederick

Date of death: 1904 — Month: Aug — Day: 21 — Age: Years: 10 — Months: 1 — Days: 19

Sex: Male — Color or Race: White — Birthplace: Mast Sabillasville Md

Occupation: None — Where Residing if not at place of death:

Married, Single or ~~Widowed~~ — Name of ~~Wife~~ or ~~Husband~~:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Charles McLain — Father's Birthplace: Sabillasville Md

Mother's Maiden Name: Elizabeth J Smith — Mother's Birthplace: Blue Ridge Pa

Name of person giving information: C. N. Stein — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Concussion of the brain & — How long:

Immediate: Meningitis & Compression of brain — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. L. Wachter

Address: Sabillasville Md.

Accident or Suicide?

LIBRARY BUREAU A66819

Name in Full: Charles O. Miller.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Deerfield — County: Frederick

Date of death: Month: Aug — Day: 23 — 1904

Age: Years: 1 — Months: 0 — Days: 23

Sex: Male. — Color or Race: White — Birthplace: Frederick Co.

Occupation: — Where Residing if not at place of death: Deerfield

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: John S. Miller. — Father's Birthplace:

Mother's Maiden Name: Edith E. Wagaman — Mother's Birthplace:

Name of person giving information: Edith E. Miller — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Sickly since Birth. — How long: Since Birth.

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: M. L. Lerew M. D.

Address: Thurmont Md

Accident or Suicide?

LIBRARY BUREAU A86016

Name in Full: Susan Miller

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brunswick | County: Frederick

Date of death: 1904 | Month: Aug | Day: 20

Age: Years: 46 | Months | Days

Sex: Female | Color or Race | Birthplace: Md

Occupation: None | Where Residing if not at place of death

Married, Single or Widowed: Married | Name of Husband: Aden Miller

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: — | Father's Birthplace: —

Mother's Maiden Name: — | Mother's Birthplace: —

Name of person giving information: Mrs Jane Mackay | How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary | How long

Immediate: Apoplexia cerebra | How long: at once

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: A. G. Hoffine

Address: Brunswick

Accident or Suicide? No

LIBRARY BUREAU

Name in Full: James Mitchell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Rocky Spring | County: Frederick

Date of death 1904 | Month: 8 | Day: 10 | Age: Years — | Months: 3 | Days —

Sex: Male | Color or Race: White | Birthplace: Ft Lee Md

Occupation: — | Where Residing if not at place of death: Same

Married, Single or Widowed: Single | Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Archie J Mitchell | Father's Birthplace: Ft Lee Md

Mother's Maiden Name: | Mother's Birthplace:

Name of person giving Information: Wm Tucker | How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus | How long: 3 months

Immediate: Chron Intussi | How long: 7 days

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: Frank Hedges

Address: Frederick Md.

Accident or Suicide?

LIBRARY BUREAU A38618

Name in Full: Catharine E. Musselman

CERTIFICATE OF DEATH

MARYLAND

Town: Frederick

County:

Died at

Date of death: 1904 Month: Aug Day: 27

Age: Years 53 Months 6 Days 1

Sex: Female

Color or Race: White

Birthplace: Md

Occupation: Housewife

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Geo Musselman

Father's Name: Hafles

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Miliary Tuberculosis (Cancer)

How long: 2 years

Immediate: Asthenia

How long: 6 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jos. M. Emmert

Address: 12 N. Patrick St

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: David Holmes Myers

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Brunswick — County: Frederick

Date of death 190 4 — Month: Aug — Day: 30

Age — Years: 7 — Months: — Days: 13

Sex: Male

Color or Race: white

Birthplace: Brunswick

Occupation: None

Where Residing if not at place of death:

Married, Single or Widowed: single

Name of Wife or Husband:

Father's Name: Joseph Myers

Father's Birthplace: W. Va

Mother's Maiden Name: Flossie Wilder

Mother's Birthplace: W. Va

Name of person giving Information: Earl Wilder

How related to deceased: uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Indigestion & Marasmus — How long: since birth

Immediate: Exhaustion — How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. G. Horine

Address: Brunswick Md

Accident or Suicide? no

LIBRARY BUREAU A88816

Name in Full: Edward Lewis Neidy

CERTIFICATE OF DEATH

MARYLAND

Died at: Catoctin — Town; Frederick — County

Date of death 1907: Month Aug; Day 29

Age: Years 42; Months; Days

Sex: Male

Color or Race: White

Birthplace: Md

Occupation: Manager Singer Sewing Machine Co

Where Residing if not at place of death: Hagerstown

Married, ~~Single~~ or ~~Widowed~~: Married

Name of ~~Wife~~ or ~~Husband~~: Alice Neidy

Father's Name: Samuel Neidy

Father's Birthplace: Md

Mother's Maiden Name: Louise Howard

Mother's Birthplace: Md

Name of person giving information: Wm H. H. Neidy

How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary:

How long:

Immediate: Killed by Cars

How long: at once

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: A. G. Horine

Address: Brunswick Md

Accident or Suicide? Accident

LIBRARY BUREAU A88816

Received Aug 29. 1904
3-15 P M

Name in Full: Joseph Joshua Norfolk

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt. St. Marys — County: Frederick

Date of death: 1904 — Month: August — Day: 2 — Age: Years 19 — Months 2 — Days 10

Sex: Male — Color or Race: White — Birthplace: Motters

Occupation: Clerk — Where Residing if not at place of death: 108 N. Edmore St Baltimore Md

Married, Single or Widowed: Single — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John E. Norfolk — Father's Birthplace: Calvert Co Md

Mother's Maiden Name: Estelle Hobbs — Mother's Birthplace: Motters Md

Name of person giving Imformation: Mrs Estelle Norfolk — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dont Know — How long:

Immediate: Consumption — How long: 1 year

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. Kindelberger

Address: Emmitsburg Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: James P. Perrill

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Park Mills — County: Frederick

Date of death: Month: 8th — Day: 28th — 1904

Age: Years: 45 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Farmer — Where Residing If not at place of death:

Married, ~~Single or Widowed~~: Married — Name of ~~Wife or Husband~~: Annie Perrill

Father's Name: Sam Perrill — Father's Birthplace: Md

Mother's Maiden Name: Morgaret Dixon — Mother's Birthplace: Md

Name of person giving Information: Sister — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 3 weeks

Immediate: Heart Failure — How long:

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: E. E. Mulling

Address: Urbana Maryland

Accident or Suicide?

LIBRARY BUREAU A55316

Name in Full: Reuben N. Plummer

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Frederick. — County: Frederick.

Date of death 1904 — Month: 8 — Day: 8 — Age — Years: 74 — Months: 4 — Days: 9

Sex: Male — Color or Race: White — Birthplace: Fr. Co. Md.

Occupation: R. R. Engineer — Where Residing if not at place of death: Same

Married, ~~Single~~ or ~~Widowed~~: Married — Name of ~~Wife~~ or ~~Husband~~: Mary Stottlemyer

Father's Name: Wm Plummer — Father's Birthplace: Fr. Co. Md.

Mother's Maiden Name: Rebecca Kemp — Mother's Birthplace: " " "

Name of person giving In formation: Mrs Plummer — How related to deceased: Widow

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Debility — How long: Several Years

Immediata: Pneumonia — How long: Several Months

Are the name, age, sex, color, date and place correctly given above? yes.

Signatura of Physician: D. N. McSherry

Address: Frederick Md

Accident or Suicide?

LIBRARY BUREAU A6831

Name in Full: Pauline V. Reed

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Montevue Hospital (County): Frederick

Date of death: 1904 Month: Aug Day: 6 Age: Years: 4 Months: Mos Days:

Sex: Female Color or Race: White Birthplace:

Occupation: X Where Residing if not at place of death:

Married, Single or Widowed: X Name of Wife or Husband: X

Father's Name: X Father's Birthplace:

Mother's Maiden Name: X Mother's Birthplace: X

Name of person giving Information: 105 How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enteric Colitis How long:

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R. S. Lyson

Address: Frederick Md.

Accident or Suicide?

LIBRARY BUREAU A99816

Name in Full: Earl Rideneur

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): near Ellerton — (County): Fred'k

Date of death: Month: Aug — Day: 10 — Years: 6 — Months — Days

Sex: male — Color or Race: white — Birthplace: Sabillasville Md

Occupation: Infant — Where Residing if not at place of death

Married, Single or Widowed: — — Name of Wife or Husband

Father's Name: Harvey O. Rideneur — Father's Birthplace

Mother's Maiden Name: Emma Warner — Mother's Birthplace

Name of person giving information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary — How long

Immediate: Diphtheria — How long 1 wk

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A J Smith

Address: Walkersville Md.

Accident or Suicide?

LIBRARY BUREAU A66619

Name in Full: Robert Ridgely

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frederick — County: Frederick

Date of death 1904 — Month: Aug. — Day: 28 — Years: Age about 36 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: Frederick

Married, Single or Widowed: single — Occupation: Farmer

Name of Wife or Husband:

Father's Name: John Ridgely — Father's Birthplace: Frederick Co

Mother's Maiden Name: Margaret Ridgely — Mother's Birthplace: md

Name of person giving information: Margarett Ridgely — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hepatic Cirrhosis — How long: Several mo

Immediate: Cholaemia — How long: about 2 days

Are the name, age, sex, color, date and place correctly given above? Yes as near as can be ascertained.

Signature of Physician: Ulysses G Downs

Address: Frederick, md

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full: Jane Rinehart

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Montevue Hospital; County: Frederick

Date of death: Month: Aug; Day: 17; Years: 1904; Age: 46; Months; Days

Sex: Female; Color or Race: White; Birthplace

Occupation: X; Where Residing if not at place of death: X

Married, Single or Widowed; Name of Wife or Husband

Father's Name: X; Father's Birthplace

Mother's Maiden Name: X; Mother's Birthplace

Name of person giving In formation; How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: General Senility; How long

Immediate; How long

PHYSICIAN OR CORONER

Are the name, age, sex, color. date and place correctly given above?

Signature of Physician: R. S. Lynn

Address: Frederick, Md.

Accident or Suicide?

LIBRARY BUREAU A8881G

Name in Full: Hezmm E Rorder

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Brunswick; County: Fredrick

Date of death 1904: Month: Aug; Day: 15; Years: Age 23; Months: 6; Days: 11

Sex: Male; Color or Race: White; Birthplace: Cumberland Md

Occupation: Brakeman; Where Residing if not at place of death: —

Married, Single or Widowed: Single; Name or Wife or Husband:

Father's Name: Hezmm E Rorder; Father's Birthplace: Harpers Ferry

Mother's Maiden Name: Sarah Elizabeth Sturtz; Mother's Birthplace: Maryland

Name of person giving Information: David L Rorder; How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary:

How long:

Immediate: Killed by Cars

How long: Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H S Hedges M D

Address: Brunswick Md

Accident or ~~Suicide~~?

LIBRARY BUREAU A88816

Name in Full: Sol. Rages

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frederick — County: Frederick

Date of death: Month: 8 — Day: 23 — 1904

Age: Years: 64 — Months: — Days:

Sex: Male — Color or Race: Black — Birthplace: Maryland

Occupation: minister — Where Residing if not at place of death: Market Space

Married, ~~Single~~ or Widowed — Name of Wife ~~or Husband~~: Rachel Rages

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: Rachel Rages — How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Bronchitis — How long: 19 days

Immediate: Exhaustion — How long: 4 " "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm A. Long

Address: City

~~Accident or Suicide?~~

LIBRARY BUREAU A88316

Name in Full: James Walter Sigafoose

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Brunswick — County: Frederick

Date of death: 1904 — Month: Aug — Day: 7

Age — Years: — Months: 8 — Days: 21

Sex: male — Color or Race: White — Birthplace: Md

Occupation: — — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: James Mercer Sigafoose — Father's Birthplace: Md

Mother's Maiden Name: Ora V. Ritchie — Mother's Birthplace: Pa

Name of person giving information: James M. Sigafoose — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 3 days

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Levin Trail

Address: Brunswick - Frd 11-6

Accident or Suicide?

LIBRARY BUREAU No 83516

Name in Full: Floyd F. Shook

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Teagueville — County: Goochland.

Date of death 1904: Month: 8 — Day: 23

Age: Years: 4 — Months: — — Days: 1

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male — Color or Race: White — Birthplace: F. Co. Md.

Occupation: —

Where Residing if not at place of death: Same

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: W.m E. Shook — Father's Birthplace: F. Co. Md.

Mother's Maiden Name: Evie Zimmerman — Mother's Birthplace: " " "

Name of person giving information: W.m E. Shook — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Prematurity — How long: 7½ mo.

Immediate: Marasmus. — How long: 11 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Frank Keene

Address: Fredericksburg Md

Accident or Suicide?

LIBRARY BUREAU A30816

Interment at Oaccby

11 Aug 24

Name in Full: Susan. Smith

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Catoctin — County: Frederick

Date of death: Month: Aug — Day: 20 — Year: 1904 — Age: Years: 75 — Months: 3 — Days: 17

Sex: Female. — Color or Race: White — Birthplace: Frederick Co.

Occupation: House Keeper. — Where Residing if not at place of death: Catoctin

Married, Single or Widowed — Name of Wife or Husband: James. Smith

Father's Name: Henry Imboden — Father's Birthplace: Fred. Co.

Mother's Maiden Name: Annie Harbaugh — Mother's Birthplace: " "

Name of person giving information: Mrs. John Biggs — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dropsy — How long: 1 year

Immediate: Heart Failure — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of ~~Physician~~: M. L. Eyler, M. D.

Address: Thurmont Md

Accident or Suicide?

LIBRARY BUREAU A83616

Name in Full: Edgar Frankling Snyder

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Brunswick — County: Frederick

Date of death: 1904 — Month: Aug — Day: 1 — Age: — Years — Months — Days: 1

Sex: Male — Color or Race: White — Birthplace: Brunswick

Occupation: none — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name or Wife or Husband:

Father's Name: Harry Edgar Snyder — Father's Birthplace: W. Va

Mother's Maiden Name: Eliza Wasson — Mother's Birthplace: W. Va

Name of person giving Information: Harry Edgar Snyder — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long: —

Immediate: Heart Failure — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. C. Hea

Address: Brunswick

Accident or Suicide:

LIBRARY BUREAU A33616

Name in Full: Jane Steam

17

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at New Market — County: Frederick

Date of death 1902 — Month: Aug — Day: 14 — Age: Years: 90 — Months — Days

Sex: Female — Color or Race: Black — Birthplace: Maryland

Occupation: Cook — Where Residing if not at place of death

~~Married~~, Single or Widowed — Name of Wife or Husband: Jane Steam

Father's Name: Don't Know — Father's Birthplace: Don't Know

Mother's Maiden Name: Don't Know — Mother's Birthplace: Don't Know

Name of person giving In formation: Dr Downey — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis — How long: One week

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Downey

Address: New Market

~~Accident or Suicide~~?

LIBRARY BUREAU A89816

Name in Full: John Thomas Stine

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Middletown | County: Frederick

Date of death 1904	Month	Day	Age — Years	Months	Days
	Aug	4		3	19

Sex: Male | Color or Race: White | Birthplace: Maryland

Married, Single or Widowed: | Occupation:

Name of Wife or Husband:

Father's Name: George A Stine | Father's Birthplace: Md

Mother's Maiden Name: Fanny Baumer | Mother's Birthplace: Md

Name of person giving information: From Parents | How related to deceased: Father & Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cholera Infantum | How long: 4 days

Immediate: Pneumonia | How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Lewis Lamar M.D.

Address: Middletown Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Dupont

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Middletown — County: Frederick

Date of death 1904 — Month: Aug — Day: 27

Age — Years: — Months: — Days: 7

Sex: Female — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

Father's Name: Chas Stockman — Father's Birthplace: Maryland

Mother's Maiden Name: Susannah Alexander — Mother's Birthplace: Maryland

Name of person giving information: Henry Seete — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Premature Birth — How long: —

Immediate: Exhaustion — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. L. Lamar

Address: Middletown, Md.

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full: Oliver E. F. Dwope

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frederick — County: Frederick

TO BE ANSWERED BY NEAREST FRIEND

Date of death 190 4 — Month: Aug — Day: 5

Age — Years: — Months: 8 — Days: 16

Sex: Boy — Color or Race: White — Birthplace: Frederick

Married, Single or Widowed: —

Occupation: —

Name of Wife or Husband: —

Father's Name: Frank B. Dwope — Father's Birthplace: Md

Mother's Maiden Name: Rozell Utterback — Mother's Birthplace: —

Name of person giving information: Lola C. Bennett — How related to deceased: Not at all

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 1 day

Immediate: Exhaustion — How long: 2 hrs.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. M. Eichelberger

Address: Castle Bldg.

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full: Joseph H. Thomas

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frederick; County: Frederick

Date of death 1904: Month: Aug.; Day: 31

Age: Years: 0; Months: 4; Days: 7

Sex: Male; Color or Race: Colored; Birthplace: Frederick

Married, Single or Widowed:

Occupation:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Thomas; Father's Birthplace: Va

Mother's Maiden Name: Ida Powell; Mother's Birthplace: Md.

Name of person giving information: Mrs Thomas; How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Convulsion 7 hr; How long: Several week

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. G. Bourne, M.D.

Address: Frederick, Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Martha Alcinda Thompson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frederick; County: "

Date of death: 1904; Month: 8; Day: 24

Age: Years: 49; Months: 2; Days: 28

Sex: F; Color or Race: Bl; Birthplace: Md

Occupation: Servant; Where Residing if not at place of death: X

Married, Single or Widowed: Widow; Name of Wife or Husband: John Thompson

Father's Name: Joshua Herbert; Father's Birthplace:

Mother's Maiden Name: Lucinda " ; Mother's Birthplace:

Name of person giving Information: Mr Rice; How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dysentery; How long: 2 weeks

Immediate: Exhaustion; How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thos F Goodwin M D

Address: Frederick

Accident or Suicide? no

LIBRARY BUREAU A88818

Name in Full: Margaret Thrasher

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Jefferson — County: Frederick

Date of death 190 4 — Month: August — Day: 7

Age — Years: 64 — Months: 2 — Days: 13

Sex: Female — Color or Race: White — Birthplace: Frederick Co.

Married, Single or Widowed: Widow — Occupation: —

Name of Wife or Husband: Robert Thrasher

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving information: Albert Thrasher — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Central Hemorrhage — How long: Reported attended Earliest Sym- Latest 1 month

Immediate: Paralysis of throat - General asthenia — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas R. Grimes

Address: Jefferson -

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Infant of Wilberta Tillman

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frederick — County: Fredk

Date of death: 1904 — Month: 8 — Day: 11 — Age: Years — Months: 1 — Days: 6

Sex: Female — Color or Race: Black — Birthplace: City

Occupation: — Where Residing if not at place of death: same

Married, Single or Widowed: Single — Name or Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: — — — — — Father's Birthplace: —

Mother's Maiden Name: Wilberta Tillman — Mother's Birthplace: Frederick Md

Name of person giving In formation: Mrs Wm Tillman — How related to deceased: G. Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: 1 mo.

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: None in Attendance

Address: A. F. Rice & Sons Funeral Directors

Accident or Suicide?

LIBRARY BUREAU A-33816

Name in Full: Emmanuel Webster Unger

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Thurmont; County: Frederick

Date of death: Month: Aug; Day: 14th; Year: 1904; Age: Years: 42; Months: 4; Days: 2.

Sex: Male; Color or Race: White; Birthplace: Thurmt, Fred Co, Md

Occupation: Cabinet maker; Where Residing if not at place of death:

Married, Single or Widowed: married; Name of Wife or Husband: Martha Unger

Father's Name: Emmanuel Unger; Father's Birthplace: Penn.

Mother's Maiden Name: Sarah Rank; Mother's Birthplace: Penn.

Name of person giving information: Martha Unger; How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma of Liver; How long: 6 months

Immediate: ——; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. C. Stefauer, M.D.

Address: Thurmont, Md.

Accident or Suicide?

LIBRARY BUREAU A89516

Name in Full: Nole Walker.

CERTIFICATE OF DEATH

MARYLAND

Died at: Near Burkittsville | Town | County: Frederick

Date of death: 1904 Aug 25 | Age: 36 | Months: 6 | Days: 22

Sex: Female | Color or Race: Colored. | Birthplace: Md.

Occupation: Housework | Where Residing if not at place of death: —

Married, Single or Widowed: Married | Name of Wife or Husband: Lewis Walker.

Father's Name: John Johnson | Father's Birthplace: Md

Mother's Maiden Name: Eliza Johnson | Mother's Birthplace: Md

Name of person giving information: Lewis Walker | How related to deceased: Husband.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Heart Failure, induced | How long: —

Immediate: by Nervous Exhaustion | How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: C. H. Schildknecht

Address: Burkittsville Md.

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Patrick McGill West

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brunswick; County: Frederick

Date of death: 1904 Month: Aug Day: 18

Age: Years: 79 Months: 6 Days: 17

Sex: Male

Color or Race: White

Birthplace: Md

Occupation: Retired Farmer

Where Residing if not at place of death:

Married, Single or Widowed: Widowed

Name of Wife or Husband: Eleanora A. West

Father's Name: Levin West

Father's Birthplace: Md

Mother's Maiden Name: Liza H. West

Mother's Birthplace: Md

Name of person giving information:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Age

How long:

Immediate: Gastro-Intestinal Catarrh

How long: 3 weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Levin West

Address: Brunswick Frederick Co

Accident or Suicide?

LIBRARY BUREAU A88516

Recvd. Aug 20 1904
8.20 am

Name in Full: James b. Westall

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brunswick — County: Frederick

Date of death 1904: Month: Aug. — Day: 11 — Age: Years: 78 — Months: 7 — Days: 17

Sex: Male — Color or Race: White — Birthplace: England

Occupation — Where Residing if not at place of death

Married, Single or Widowed: Married — Name of Wife or Husband: Mary R. Westall

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: Mary R. Westall — How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Softening of the Brain — How long: 2 mos

Immediate: Exhaustion — How long: 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Kevin Trich

Address: Brunswick Md

Accident or Suicide?

LIBRARY BUREAU A38816

Name in Full: Mary F. Winter

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emmitsburg; County: Frederick

Date of death 1904: Month: Aug; Day: 23; Age: Years: 52; Months; Days

Sex: Female; Color or Race: White; Birthplace: Md

Occupation: Teacher

~~Married~~, Single or ~~Widowed~~

Name of Wife or Husband

Father's Name: Henry Winter; Father's Birthplace: Md

Mother's Maiden Name: Mary Ann Rowe; Mother's Birthplace:

Name of person giving information: Susan Winter; How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enlarged Spleen Leukaemia; How long: 2 years

Immediate: Coma; How long: 12 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Robert L Annan

Address: Emmitsburg Md

~~Accident or Suicide~~?

LIBRARY BUREAU A83316

Name in Full —

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Petersville — County: Frederick

Date of death: 1904 Month: Aug Day: 12 — Age: Years: — Months: — Days: 1

Sex: Male — Color or Race: Colored — Birthplace: Petersville

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed — Name of Wife or Husband:

Father's Name: Charles Wood — Father's Birthplace: Petersville

Mother's Maiden Name: — Mother's Birthplace: "

Name of person giving Information: — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Asphyxia Fatalis — How long: 1 day

Immediate: — How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Samuel Clapsaddle

Address: Petersville

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Margaret Anne Norman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Uniontville; County: Frederick

Date of death: 1904 Month: Aug. Day: 25 Age: Years: 71 Months: 10 Days: 3

Sex: Female Color or Race: White Birthplace: Maryland

Occupation: Housewife Where Residing if not at place of death:

Married, Single or Widowed: Widowed Name of ~~Wife~~ or Husband: Henry C. Norman

Father's Name: John Cochrane Father's Birthplace: Unknown

Mother's Maiden Name: Mary Ewy Mother's Birthplace: Maryland

Name of person giving Information: Emma V. Sappington How related to deceased: Daughter

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hemorrhage of bowels How long: Two weeks

Immediate: Exhaustion How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thos. P. Sappington M.D.

Address: Uniontville Maryland,

Accident or Suicide?

LIBRARY BUREAU A8681A